



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.state.va.us](http://www.dmas.state.va.us)

# MEDICAID MEMO

**TO:** All Providers Participating in the Virginia Medical Assistance Program and Managed Care Organizations Providing Outpatient Psychiatric and Orthotic Services to Virginia Medicaid Recipients

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO** Special

**DATE** 12/03/02

**SUBJECT:** Preauthorization of Outpatient Psychiatric and Orthotic Services

The purpose of this memo is to provide information regarding changes to the preauthorization process for Outpatient Psychiatric and Orthotic services. Effective **Wednesday, January 1, 2003**, the Preauthorization staff within the Department of Medical Assistance Services (DMAS) will now handle these preauthorization functions formerly performed by WVMi. WVMi will continue to process all pre-authorizations, appeals, and pending cases up to, and including, December 31, 2002.

The DMAS staff will be available to assist you between the hours of 8:00 am - 4:30 pm, Monday through Friday, excluding state holidays. The information required by you for the preauthorization will not change. The cover sheet for facsimile/mail requests has been revised to reflect the transition from WVMi to DMAS. DMAS encourages you to fax in your pre-authorization requests, the local fax number for Richmond area providers is 804-225-2603. The toll free fax number is 1-866-248-8796. Should you desire to telephone in your pre-authorization requests, the telephone number is 804-225-3536. You may also continue to send in your requests via mail at the following address:

**Department of Medical Assistance Services  
ATTN: Payment Processing Unit  
600 E. Broad Street  
Richmond, VA 23219**

Please make note of these changes. For any general inquiry questions, please continue to call the DMAS Provider Helpline. The “HELPLINE” is available Monday through Friday from 8:30 am to 4:30 pm., except State holidays, to answer questions. The “HELPLINE” numbers are:

786-6273	Richmond Area
1-800-552-8627	All Other Areas

### **COPIES OF MANUALS**

DMAS publishes copies of its provider manuals and provider manual up-date transmittals on its website at [www.dmas.state.va.us](http://www.dmas.state.va.us). The provider manuals and transmittals can be viewed on and printed from the website. The transmittals describe the updated materials and manual chapters and pages revised. For a list of updates, click on “up-date transmittals” in the “Provider Manuals” column. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **“HELPLINE”**

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786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the “HELPLINE” is for provider use only.

Attachments (2)

## OUTPATIENT PSYCHIATRIC SERVICES

### Preauthorization Request Form

FAX: local 804-225-2603 toll free: 866-248-8796

Recipient Name: Last: \_\_\_\_\_ First: \_\_\_\_\_  
Sex: M ☐ F ☐ Date of Birth \_\_\_\_\_ Medicaid ID# \_\_\_\_\_  
Provider Name \_\_\_\_\_ Provider ID # \_\_\_\_\_  
Contact Person \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### PREAUTHORIZATION/TRACKING NUMBER:

<u>REQUEST INFORMATION</u>			<u>DMAS USE ONLY</u>			
CPT CODE	UNITS	DATES OF SERVICE	UNITS	DATES OF SERVICE	STATUS	DATE
_____	_____	_____ - _____	_____	_____ - _____	_____	_____
_____	_____	_____ - _____	_____	_____ - _____	_____	_____
_____	_____	_____ - _____	_____	_____ - _____	_____	_____
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_____	_____	_____ - _____	_____	_____ - _____	_____	_____
_____	_____	_____ - _____	_____	_____ - _____	_____	_____

6 Line items maximum

(A = Approved, D=Denied, R=Reject, P=Pended)

**The above referenced preauthorization request cannot be processed due to missing, incomplete or illegible information. Please correct the information noted below on the 412 form or fax cover sheet and resubmit your request.**

☐ Recipient Name ☐ Medicaid ID # ☐ Provider Name ☐ Provider # ☐ Diagnosis ☐ CPT Code  
☐ # of Visits Requested ☐ Dates Requested ☐ Signature ☐ Title ☐ Date (Signed)

### COMMENTS:

### NOTICE OF CONFIDENTIALITY

This electronic message transmission (FAX) contains patient-identifiable information to the Virginia Department of Medical Assistance Services (DMAS). It is intended for the review and use of no one but the identified FAX recipient listed above. Misuse or disclosure of this information is prohibited by State and Federal laws. If you have received this communication in error, please notify the sender at the telephone number listed above immediately.

**ORTHOTICS SERVICES**  
**Preauthorization Request Form**  
**FAX: local 804-225-2603 toll free 1-866-248-8796**

Recipient Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Sex: M ☐ F ☐ Date of Birth \_\_\_\_\_ Medicaid ID# \_\_\_\_\_

Provider Name \_\_\_\_\_ Provider ID # \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**PREAUTHORIZATION/TRACKING NUMBER:**

<u>REQUEST INFORMATION</u>			<u>DMAS USE ONLY</u>			
HCPCS CODE	UNITS	DATES OF SERVICE	UNITS	DATES OF SERVICE	STATUS	DATE
_____	_____	_____ - _____	_____	_____ - _____	_____	_____
_____	_____	_____ - _____	_____	_____ - _____	_____	_____
_____	_____	_____ - _____	_____	_____ - _____	_____	_____
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_____	_____	_____ - _____	_____	_____ - _____	_____	_____

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